

Case Number:	CM15-0069367		
Date Assigned:	04/16/2015	Date of Injury:	08/27/2007
Decision Date:	05/15/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 50-year-old female who sustained an industrial injury on 08/27/2007. Diagnoses include cervical spine sprain/strain, myofascial lumbar spine sprain/strain and disc bulge at L2-3, L3-4, L4-5 and L5-S1. Treatment to date has included medications and physical therapy. Diagnostics included electrodiagnostic testing, x-rays and MRIs. According to the progress notes dated 2/20/15, the IW reported intermittent neck pain rated 7-8/10 with numbness and tingling in the right arm; frequent lower back and right leg pain rated 8/10 and decreased muscle mass and weakness. A request was made for physical therapy three times weekly for four weeks for the cervical and lumbar spine and the right wrist as a short course to treat flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy twelve sessions (three times four): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Neck Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 12 sessions to the cervical and lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are cervical spine sprain/strain; myofascial lumbar spine sprain/strain; and rotator cuff tendinitis bilateral. In a progress note dated January 9, 2015, the treating physician requesting a physical therapy consultation three times a week for four weeks to address cervical spine, lumbar spine, right wrist and a short course to treat flare-ups. According to the utilization review, 12 physical therapy sessions were approved according to the UR certification note. In a progress note dated February 20, 2015, the treating physician requested a physical therapy consultation three times a week for four weeks to address cervical spine, lumbar spine, right wrist and a short course to treat flare-ups. The documentation shows 12 physical therapy sessions were approved in the utilization certification on or about January 22, 2015. The request for authorization is dated March 4, 2015. There was no clinical indication or rationale in the medical record for additional physical therapy (12 sessions). There were no progress notes in the medical record documenting objective functional improvement with the original 12 physical therapy sessions. When treatment duration and/or number of visits exceeded the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. Additionally, there was no documentation evidencing objective functional improvement with the first 12 physical therapy sessions. Consequently, absent compelling clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, 12 sessions of physical therapy to the cervical and lumbar spine are not medically necessary.